

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated average	· ·
hours per form	16.00

**OMB APPROVAL** 

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DATE R	ECEIVED			

Name of Offering ( check if this is an a	amendment and name has chan	ged, and indicate change.	)		
Halifax Corporation: Common St	ock and Promissory Note	es			
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	□ Rule 506	☐ Section 4(6) ☐ ULOE	
Type of Filing:		New Filing		Amendment	
	A. BAS	IC IDENTIFICATION	DATA	field a marine	
1. Enter the information requested abou	t the issuer			UC 1 2 2004	
Name of Issuer ( check if this is an ame	endment and name has changed	d, and indicate change.)		3 24	
Halifax Corporation					
Address of Executive Offices	(Number and St	treet, City, State, Zip Code	e) Telephone Numbe	er (Including Area Code)	
5250 Cherokee Avenue, Alexandria,	VA 22312		(703) 750	-2202	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)		Telephone Numbe	Telephone Number (Including Area Code)		
(if different from Executive Offices Same as Executive Offices			(703) 750-2202	2	
Brief Description of Business: The Issuer is an enterprise maintenance solutions company providing a wide range of technology services to commercial					
and government customers throughou	t the United States.				
Type of Business Organization					
☐ corporation ☐ limited partnership, already formed			□ other (please specify):		
☐ business trust	☐ limited partnership, to be	formed			
		Month	Year		
Actual or Estimated Date of Incorporation	or Organization:	03	1967		
Jurisdiction of Incorporation or Organizati	•	Postal Service abbreviation		E Definition	

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check   Promoter   Eglenethoad Owner   Executive Officer   Director   General and/or   Managing Partner   Apply	Charle		<b>⊠</b> n	<b>—</b>	□ D:	
Apply:	Check Box(es) that	☐ Promoter	Beneficial Owner	☐Executive Officer	☐Director	☐ General and/or
Estate of Arch C. Scurlock  Business or Residence Address (Number and Street, City, State, Zip Code)  1753 Army Navy Drive, Arinington, VA 22202    Check Boxs   Promoter   Beneficial Owner   Executive Officer   Director   General and/or flow, Jr., Arch C. Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cheroker Avenue, Alexandria, VA 22312    Check Boxs   Promoter   Beneficial Owner   Executive Officer   Director   General and/or flow, Jr., Arch C. Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cheroker Avenue, Alexandria, VA 22312    Check Boxs   Promoter   Beneficial Owner   Executive Officer   Director   General and/or flow, Jr., Arch C. Business or Residence Address (Number and Street, City, State, Zip Code)  1050 Andreson Boad, Suite 200, McLean, VA 22102    Check Boxs   Promoter   Beneficial Owner   Executive Officer   Director   General and/or flow, Jr., Arch Apply:   Director   General and/or flow, Jr., Arch Apply:   Gene	` '					Managing Partner
Estate of Arch C. Seurlock    Promoter		t name first_if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)   Tista Army Navy Drive, Arlington, VA 22312   Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner   Business or Residence Address (Number and Street, City, State, Zip Code)   S290 Cherokee Avenue, Alexandria, VA 22312   Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner   Business or Residence Address (Number and Street, City, State, Zip Code)   S290 Cherokee Avenue, Alexandria, VA 22312   Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner   Business or Residence Address (Number and Street, City, State, Zip Code)   Business or Residence Address (Number and Street, City, State, Zip Code)   Business or Residence Address (Number and Street, City, State, Zip Code)   Business or Residence Address (Number and Street, City, State, Zip Code)   Business or Residence Address (Number and Street, City, State, Zip Code)   Business or Residence Address (Number and Street, City, State, Zip Code)   Business or Residence Address (Number and Street, City, State, Zip Code)   Business or Residence Address (Number and Street, City, State, Zip Code)   Business or Residence Address (Number and Street, City, State, Zip Code)   Business or Residence Address (Number and Street, City, State, Zip Code)   Business or Residence Address (Number and Street, City, State, Zip Code)   S250 Cherokee Avenue, Alexandria, VA 22312   Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner   Business or Residence Address (Number and Street, City, State, Zip Code)   S250 Cherokee Avenue, Alexandria, VA 22312   Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner   Director   Gener						
1753 Army Navy Drive, Arlington, VA 22202   Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner   Full Name (Last name first, if individual)   Security   State, Zip Code			Street, City, State, Zip Code)			
Check Boxes						
that Apply:  Full Name (Last name first, if individual)  Scurlock, Ir., Arch C.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cheroke Avenue, Alexandria, VA 22312  Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Beneficial Owner   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or density and promoter   Beneficial Owner   Executive Officer   Director   General and/or		<del> </del>		TExecutive Officer	Director	☐ General and/or
Full Name (Last name first, if individual)  Scurlock, Jr., Arch C.  Seurlock, Jr., Arch C.  Seurlock Avenue, Alexandria, V. A. 22312  Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Grover, John H.  Business or Residence Address (Number and Street, City, State, Zip Code)  1090 Anderson Road, Suite 200, McLean, V.A. 22102  Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  McNew, Charles L.  Seusiness or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, V.A. 22312  Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Herwitt, Thomas L.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, V.A. 22312  Check Boxe   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Toups, John M.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, V.A. 22312  Check Boxe   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Toups, John M.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, V.A. 22312  Check Boxe   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Full Name	that Apply:	·	Z Demondra Owner			
Scurlock, Jr., Arch C. Business or Residence Address (Number and Street, City, State, Zip Code)  S250 Cheroke Avenue, Alexandria, VA 22312  Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Grover, John H.  Susiness or Residence Address (Number and Street, City, State, Zip Code)  1960 Anderson Road, Suite 200, McLean, VA 22102  Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  McNew, Charles L.  Business or Residence Address (Number and Street, City, State, Zip Code)  1950 Anderson Road, Suite 200, McLean, VA 22102  Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Hewit, Thomas L.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Hewit, Thomas L.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Full Name (Last name	Full Name (Las	t name first, if individual)			•	
Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokce Avenue, Alexandria, VA 22312  Check Boxes   Promoter   Beneficial Owner   Beneficial Owner   Beneficial Owner   Business or Residence Address (Number and Street, City, State, Zip Code)  1600 Anderson Road, Suite 200, McLean, VA 22102  Check Boxes   Promoter   Beneficial Owner   Benefic						
Second   Promoter   Beneficial Owner   Executive Officer   Solitation   General and/or Managing Partner			Street, City, State, Zip Code)			
Check Boxes   Promoter   Beneficial Owner   Executive Officer   Monaging Partner   Managing Partner   Managi						
that Apply:				☐ Executive Officer	Director	☐ General and/or
Full Name (Last name first, if individual) Grover, John H.  Business or Residence Address (Number and Street, City, State, Zip Code) 1600 Anderson Road, Suite 200, McLean, VA 22102 Check Boxes   Promoter   Beneficial Owner   Managing Partner   Promoter   Beneficial Owner   Managing Partner   Promoter   Beneficial Owner   Managing Partner   Promoter   Beneficial Owner   Be	that Apply:		zenemenar o wner	_ Excessive emices		
Grover, John H.  Business or Residence Address (Number and Street, City, State, Zip Code)  1600 Anderson Road, Suite 200, McLean, VA 22102  Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Pull Name (Last name first, if individual)  McNew, Charles L.  Business or Residence Address (Number and Street, City, State, Zip Code)  25250 Cherokee Avenue, Alexandria, VA 22312  Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Pull Name (Last name first, if individual)  Hewit, Thomas L.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Tousp, John M.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Tousp, John M.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Pull Name (Last name first, if individual)  Young, Daniel R.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Pull Name (Last name first, if individual)  Sciacca, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Las	t name first, if individual)			· , <u>, , , , , , , , , , , , , , , , , ,</u>	
Business or Residence Address (Number and Street, City, State, Zip Code)  1600 Anderson Road, Suite 200, McLean, VA 22102  Check Boxs	<del></del>					
Solo Anderson Road, Suite 200, McLean, VA   22102			Street, City, State, Zip Code)			
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that Apply:  Full Name (Last name first, if individual)  Managing Partner  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)				☑ Executive Officer	☑ Director	☐ General and/or
Full Name (Last name first, if individual)  McNew, Charles L.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Boxe   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Hewitt, Thomas L.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Toups, John M.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Young, Daniel R.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Young, Daniel R.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Apply:  Full Name (Last name first, if individual)  Sciacca, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)	that Apply:			_	<del></del>	
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5250 Cherokee Avenue, Alexandria, VA 22312 Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner Full Name (Last name first, if individual) Hewitt, Thomas L. Business or Residence Address (Number and Street, City, State, Zip Code) 5250 Cherokee Avenue, Alexandria, VA 22312 Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner Full Name (Last name first, if individual) Toups, John M. Business or Residence Address (Number and Street, City, State, Zip Code) 5250 Cherokee Avenue, Alexandria, VA 22312 Check   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Director   General and/or Managing Partner  Executive Officer   Director   General and/or Managing Partner  Director   General and/or Managing Partner  Executive Officer   Director   General and/or Managing Partner  Director   General and/or Managing Partner  Executive Officer   Director   General and/or Managing Partner						
5250 Cherokee Avenue, Alexandria, VA 22312 Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner Full Name (Last name first, if individual) Hewitt, Thomas L. Business or Residence Address (Number and Street, City, State, Zip Code) 5250 Cherokee Avenue, Alexandria, VA 22312 Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner Full Name (Last name first, if individual) Toups, John M. Business or Residence Address (Number and Street, City, State, Zip Code) 5250 Cherokee Avenue, Alexandria, VA 22312 Check   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Director   General and/or Managing Partner  Executive Officer   Director   General and/or Managing Partner  Director   General and/or Managing Partner  Executive Officer   Director   General and/or Managing Partner  Director   General and/or Managing Partner  Executive Officer   Director   General and/or Managing Partner	Business or Res	sidence Address (Number and	Street, City, State, Zip Code)			
that Apply: Managing Partner  Full Name (Last name first, if individual)  Hewitt, Thomas L  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Boxes						
hat Apply:  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Boxs   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Toups, John M.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Apply:  Full Name (Last name first, if individual)  Toups, John M.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Full Name (Last name first, if individual)  Young, Daniel R.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  S250 Cherokee Avenue, Alexandria, VA 22312  Check   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Business or Residence Address (Number and Street, City, State, Zip Code)  Full Name (Last name first, if individual)  Sciacca, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)	Check Boxes	☐ Promoter	☐ Beneficial Owner	☐Executive Officer	⊠Director	☐ General and/or
Hewitt, Thomas L.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Boxes	that Apply:					Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Boxes   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Toups, John M.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Apply:  Full Name (Last name first, if individual)  Young, Daniel R.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Check   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Sciacca, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Las	t name first, if individual)			·· <del>·</del>	
S250 Cherokee Avenue, Alexandria, VA 22312  Check Boxes	Hewitt, Thomas	s L.				
Check Boxes	Business or Res	sidence Address (Number and	Street, City, State, Zip Code)			
that Apply:  Full Name (Last name first, if individual)  Toups, John M.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Promoter Beneficial Owner Executive Officer Director Managing Partner Apply:  Full Name (Last name first, if individual)  Young, Daniel R.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Apply:  Full Name (Last name first, if individual)  Scisoco, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)  Full Name (Last name first, if individual)  Sciacca, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)	5250 Cherokee	Avenue, Alexandria, VA 223	12			
Full Name (Last name first, if individual)  Toups, John M.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Promoter Beneficial Owner Executive Officer Director Managing Partner Apply:  Full Name (Last name first, if individual)  Young, Daniel R.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Apply:  Full Name (Last name first, if individual)  Sciacca, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)		☐ Promoter	☐ Beneficial Owner	Executive Officer	☑Director	☐ General and/or
Toups, John M.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Promoter Beneficial Owner Executive Officer Director Managing Partner Apply:  Full Name (Last name first, if individual)  Young, Daniel R.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Apply:  Full Name (Last name first, if individual)  Sciacca, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)	that Apply:					Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check	Full Name (Las	t name first, if individual)				
S250 Cherokee Avenue, Alexandria, VA 22312  Check						
Check	Business or Res	sidence Address (Number and	Street, City, State, Zip Code)			
Box(es) that Apply:  Full Name (Last name first, if individual)  Young, Daniel R.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Apply:  Full Name (Last name first, if individual)  Sciacca, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)	5250 Cherokee					
Apply:  Full Name (Last name first, if individual)  Young, Daniel R.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Promoter Beneficial Owner Executive Officer Director Managing Partner  Apply:  Full Name (Last name first, if individual)  Sciacca, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)		Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or
Full Name (Last name first, if individual)  Young, Daniel R.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Apply:  Full Name (Last name first, if individual)  Sciacca, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)	, ,					Managing Partner
Young, Daniel R.  Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Promoter Beneficial Owner Executive Officer Director Managing Partner  Apply:  Full Name (Last name first, if individual)  Sciacca, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)						
Business or Residence Address (Number and Street, City, State, Zip Code)  5250 Cherokee Avenue, Alexandria, VA 22312  Check Promoter Beneficial Owner Executive Officer Director Managing Partner  Box(es) that Apply:  Full Name (Last name first, if individual)  Sciacca, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)						
S250 Cherokee Avenue, Alexandria, VA 22312  Check Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Box(es) that Apply:  Full Name (Last name first, if individual)  Sciacca, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)			Street City State 71- C-11			
Check Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Apply:  Full Name (Last name first, if individual)  Sciacca, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)						· · · · · · · · · · · · · · · · · · ·
Box(es) that Apply:  Full Name (Last name first, if individual)  Sciacca, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)		<del></del>		Mr: .cm		П О1 1/
Apply:  Full Name (Last name first, if individual)  Sciacca, Joseph  Business or Residence Address (Number and Street, City, State, Zip Code)		☐ Promoter	☐ Deneticial Owner	Executive Officer	□Director	
Full Name (Last name first, if individual) Sciacca, Joseph Business or Residence Address (Number and Street, City, State, Zip Code)	, ,					ivianaging ratifier
Sciacca, Joseph Business or Residence Address (Number and Street, City, State, Zip Code)	Apply:					
Business or Residence Address (Number and Street, City, State, Zip Code)		t name first, if individual)				
	Full Name (Las	<del></del>				
	Full Name (Las Sciacca, Joseph	l	Street, City, State, Zip Code)			

Check Box(es) that	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Apply:					manuging raidier		
Full Name (Las	name first, if individual)						
Foley, Hugh M.							
Business or Res	idence Address (Number and	Street, City, State, Zip Code)					
5250 Cherokee	Avenue, Alexandria, VA 223	12					
Check	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or		
Box(es) that					Managing Partner		
Apply:							
	t name first, if individual)	···.					
Sherwood, IV,	ames L. idence Address (Number and	Street City State 7in Code)					
	Avenue, Alexandria, VA 223						
Check	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or		
Box(es) that	☐ Promoter	Li Benencial Owner	Executive Officer	Director	Managing Partner		
Apply:					Managing Author		
Full Name (Las	name first, if individual)						
Scott, Jonathan	L.						
Business or Residence Address (Number and Street, City, State, Zip Code)							
5250 Cherokee	Avenue, Alexandria, VA 223	12					
Check	☐ Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or		
Box(es) that					Managing Partner		
Apply:							
	name first, if individual)			-			
Ryles, Gerald F	idence Address (Number and	Street Circ State 7in Code)					
	Avenue, Alexandria, VA 223						
Check	Promoter	Beneficial Owner	Executive Officer	Пр:	☐ General and/or		
Box(es) that	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	Managing Partner		
Apply:					Managing Lattice		
Full Name (Las	t name first, if individual)	· · · · · · · · · · · · · · · · · · ·					
Whiteside, L.L.							
Business or Residence Address (Number and Street, City, State, Zip Code)							
5250 Cherokee	Avenue, Alexandria, VA 223	12					

	B. INFORMATION ABOUT OFFERING				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes No _X_			
2.	What is the minimum investment that will be accepted from any individual?	No minimum investment			
3.	Does the offering permit joint ownership of a single unit?	Yes <u>X</u> No			
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  None				
Sta	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers Not Applicable				
(Ch	neck "All States" or check individual States)	All States			

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate		A	Amount Already	
		Off	ering Price		Sold	
	Debt	\$	0.00	\$_	0.00	
	Equity	\$		\$_	*	
	☐ Common Stock and ☐ Preferred Promissory Notes					
	Convertible Securities (including warrants):					
		•	0.00	•	0.00	
		\$		<b>&gt;</b> _	0.00	
	Partnership Interests	\$		\$_	0.00	
	Other -	\$	0.00			
				\$_	0.00	
	Total	s	*	•	*	
	TotalAnswer also in Appendix, Column 3, if filing under ULOE.	<b>⊅</b>	<del></del>	<b>3</b> _		
\$200,00 has a te commo	uired corporation were exchanged for (i) 235,294 shares of Halifax's common stock having an aggregate 0; and notes in an aggregate original principal amount of \$500,000 with an interest rate of 6% per annurm of 90 days and \$400,000 has a term of 18 months, and (ii) a contingent earnout payment pursuant to n stock is payable over the next 12 months if certain agreed upon financial targets are met.	m of whic	h \$100,000 of	the aggrega	ite principal amoun	
of the	nter the number of accredited and non-accredited investors who have purchased securities in this fering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate e number of persons who have purchased securities and the aggregate dollar amount of their urchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Number investors		Aggregate Dollar Amount	
	Accredited Investors		4	•	of Purchases	
			4			
	Non-accredited Investors					
	Total (for filings under Rule 504 only)			<b>.</b>		
	Answer also in Appendix, Column 4, if filing under ULOE.					
so	this filing is for an offering under Rule 504 or 505, enter the information requested for all securities ld by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first le of securities in this offering. Classify securities by type listed in Part C – Question 1.					
Not Ap	plicable					
			Type of		Dollar Amount	
			Security		Sold	
	Type of Offering					
	Rule 505			\$.		
	Regulation A			\$ .		
	Rule 504			\$ .		
	Total			\$		
se in	Furnish a statement of all expenses in connection with the issuance and distribution of the curities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The formation may be given as subject to future contingencies. If the amount of an expenditure is not nown, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees		[	<b>□</b> \$	0.00	
	Printing and Engraving Costs			□ \$.	_0.00	
	Legal Fees		ĺ	<b>⊠</b> \$	100,000.00	
	Accounting Fees			<b>⊠</b> \$	20,000.00	
	Engineering Fees		_		0.00	
				i s	0.00	
	Sales Commissions (specify finders's fees separately)			ر ⊠ s	200,000.00	
	Other Expense (Identify) Finder's Fee		-	△		
	Total			د ت	320 <u>,000.00</u>	

	R OF INVESTORS, EXPENSES AND			
<ul> <li>Enter the difference between the aggregate offering price furnished in response to Part C – Question 4.a. This difference</li> </ul>	given in response to Part C - Questice is the "adjusted gross proceeds to the	on 1 and total expenses issuer"		
•			⊠ \$ <u>*</u>	
<ol> <li>Indicate below the amount of the adjusted gross proceeds to the is:         If the amount for any purpose is not known, furnish an estimate payments listed must equal the adjusted gross proceeds to the issue     </li> </ol>	and check the box to the left of the es	stimate. The total of the		
		Payment to Officers, Directors, & Affiliates	Payment To Others	
Salaries and fees		□ s	□ \$ <u>0,00</u>	
Purchase of real estate		□ s	<b>S</b> 0.00	
Purchase, rental or leasing and installation of machinery and equipment		□ \$ <u>0.00</u>	□ \$0.00	
Construction or leasing of plant buildings and facilities		□ s <u>0.00</u>	□ \$0.00	
Acquisition of other businesses (including the value of securities invol n exchange for the assets or securities of another issuer pursuant to a m		□ \$ <u>0.00</u>	□ \$0.00	
Repayment of indebtedness		S	\$0,00	
Working capital and General Corporate Purposes		□ \$ <u>0.00</u>	\$	
Other (specify):				
		□ s <u>0.0</u> 0	0.00	
Column Totals			\$ 0.00	`
Total Payments Listed (column totals added)		□ \$	*	
No cash proceeds were realized. The subject offering involved the ransaction where all of the issued and outstanding securities of the acq (i) 235,294 shares of Halifax's common stock having an aggregate valequal to \$200,000; and notes in an aggregate original principal amount 5% per annum of which \$100,000 of the aggregate principal amount has a term of 18 months, and (ii) a contingent earnout payment pursual eash or in Halifax common stock is payable over the next 12 months if are met.	uired corporation were exchanged for the of \$1,200,000; cash in an amount at of \$500,000 with an interest rate of has a term of 90 days and \$400,000 and to which an additional \$150,000 in			
D	. FEDERAL SIGNATURE	_		
The issuer had duly caused this notice to be signed by the undersigned an undertaking by the issuer to furnish to the U.S. Securities and Exchanon-accredited investor pursuant to paragraph (b)(2) of Rule 502.				
Issuer (Print or Type)	Signature		Date	
Halifax Corporation	James Den	ull	10/5/2004	
Name of Signer (Print or Type) Joseph Sciacca	Title of Signer (Print or Type) Chief Financial Officer			
озери оснасса	Cinci Financiai Officei			
	ATTENTION			

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)